

In the Court of Appeals of the State of Alaska

Bobbie Ann Hnter,) Court of Appeals No. **A-13250**
)
Appellant,) **Notice of Intent**
v.) **to Appellant to**
) **Enter Judgment For Cost of**
State of Alaska,) **Appointed Attorney**
) Appellate Rule 209(b)
Appellee.)
) Date of Notice: **05/05/2021**
_____)
Trial Court Case #**4FA-18-00729CR**

Unless you or the prosecutor objects by **6/22/2021** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your court-appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Merit Appeal or Appeal from Post-Conviction Relief Proceedings	750	1,500

Clerk of the Appellate Courts

/s/ J.Marsh

Joyce Marsh, Deputy Clerk

cc: Bobbie Ann Hunter, 2223 S. Cushman Street, #218, Fairbanks, AK 99701

Distribution by Mail:

Eric Yff
David Buettner

In the Court of Appeals of the State of Alaska

Bobbie Ann Hunter,

Appellant,

v.

State of Alaska,

Appellee.

)
) Court of Appeals No. **A-13250**
)

)
) **Opposition**
) **to Entry of Judgment**
) **for Cost of**
) **Appointed Attorney**
)

Trial Court Case #**4FA-18-00729CR**

I oppose the entry of the proposed judgment against me for the cost of my court-appointed attorney for the following reason(s):

☐ My conviction was reversed on appeal.

☐ I filed a petition for hearing (case number S-____; conviction can still be reversed. Judgment should be stayed.

☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:

☐ Petition for Hearing

☐ Sentence Appeal

☐ Petition for Review

☐ Combined Merit/Sentence Appeal

☐ Petition for Sentence Review

☐ Merit Appeal

☐ Original Application

☐ Post-Conviction Relief Appeal

☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.

☐ I should be assessed less than the scheduled amount because my attorney spent only ____ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)

☐ Other _____

Appellant's Daytime Phone

Appellant's Signature

Date

Appellant's Mailing Address

City

State

Zip

Mailed to State's Attorney on: _____